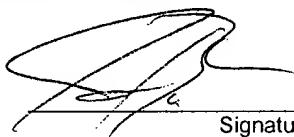


PTO/SB/31 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 229752001400							
<p>In re Application of Stephen KENT et al.</p> <table border="1"> <tr> <td>Application Number 09/831,307</td> <td>Filed January 7, 2002</td> </tr> <tr> <td colspan="2">For VIPOX VECTOR CODING AN HIV AGENT AND A CYTOKINE</td> </tr> </table> <table border="1"> <tr> <td>Art Unit 1648</td> <td>Examiner J. S. Parkin</td> </tr> </table>				Application Number 09/831,307	Filed January 7, 2002	For VIPOX VECTOR CODING AN HIV AGENT AND A CYTOKINE		Art Unit 1648	Examiner J. S. Parkin
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Art Unit 1648	Examiner J. S. Parkin								
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 500.00</p> <p> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 250.00 <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>03-1952</u> <u>I have enclosed a duplicate copy of this sheet.</u> Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. </p> <p>I am the</p> <p> <input type="checkbox"/> applicant /inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input type="checkbox"/> attorney or agent of record. Registration number _____ <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u>45,640</u> _____ </p> <p>  Signature <u>Jonathan Bockman</u> Typed or printed name (703) 760-7769 Telephone number May 17, 2005 Date </p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>									

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